

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-475)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/551129

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	3	↓		↓		↓			↓		↓		↓
TOTAL DEP.	3	←		←		←			←		←		←
TOTAL CLAIMS	16												
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TOTAL CLAIMS													